



# Employment SECURITY

32 SOUTH MAIN STREET  
CONCORD NEW HAMPSHIRE 03301-4857

PHONE (603) 224-3311

## EMPLOYER STATUS REPORT

DO NOT WRITE IN THIS  
SPACE

Subject Date \_\_\_\_\_

Retroactive \_\_\_\_\_

Successor \_\_\_\_\_

Acquisition \_\_\_\_\_

Not Subject \_\_\_\_\_

No of Employees \_\_\_\_\_

TO ESTABLISH ITS STATUS UNDER THE PROVISIONS OF THE NEW HAMPSHIRE UNEMPLOYMENT COMPENSATION LAW, EACH EMPLOYING UNIT IS REQUIRED BY THE LAW TO FILE WITH THIS DEPARTMENT AN EMPLOYER STATUS REPORT (RSA 282-A). PLEASE READ CAREFULLY THE INSTRUCTIONS ATTACHED. USE TYPEWRITTER OR PRINT IN INK

1. Business or trade name

Tel #

Fax #

2. Federal Identification Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

3. Address of principal place of business in New Hampshire, if none, indicate other state.

Number and street ( Do not use post office box)

(Town or City)

(State)

(Zip Code)

4. If correspondence, reporting forms, etc., are to be mailed to other than the principal place of business, enter mailing address.

Number and street or P.O. Box

(Town or City)

(State)

(Zip Code)

5. Enter for each establishment or operation maintained by you in New Hampshire:

Principal Activity

Principal Products, Processes or Services

Location of Each Unit

6. Check type of Business ☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Co.

☐ Other (indicate what type)

7. If a corporation, enter full corporate name :

Date of incorporation:

State of incorporation:

Name and address of New Hampshire resident agent:

8. Is your business a nonprofit organization described in Section 501 (c) (3) and exempt under 501 (A) of the Internal Revenue Code?

☐ Yes

☐ No

If Yes, attach a copy of your letter of exemption .

9. Enter Date on which employment was first furnished in New Hampshire:

\_\_\_\_/\_\_\_\_/\_\_\_\_

10. Ceased to furnish employment in New Hampshire on:

Reason :

/ /

11. Are or will you be subject to the Federal Unemployment Tax Act in the current year?

☐

Yes

☐

No

12. Has employment been furnished in New Hampshire in preceding years during which you were subject to the Federal Unemployment Tax Act ?

If Yes, list years: \_\_\_\_\_

☐ Yes

☐ No

13. If you acquired the organization, trade, business or any of the New Hampshire assets of any other employing unit or employer, complete the following :

Name & Address of Prior Owner

Date Acquired

\_\_\_\_/\_\_\_\_/\_\_\_\_

% of Assets Acquired

Were there any business assets which were not acquired ? ☐ Yes ☐ No

List any business assets not acquired \_\_\_\_\_

Will the prior owner remain in business in NH ? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

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**REGULAR BUSINESS EMPLOYMENT SECTION**

14. Enter the gross payroll of your business for the current and two prior calendar years :

(New Hampshire payroll only)

Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$
Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$
Calendar Year _____	1st. Qtr. \$	2nd. Qtr. \$	3rd. Qtr. \$	4th. Qtr. \$

15. Do you expect to have a gross payroll of at least \$1,500 in the current quarter?

☐ Yes☐ No

16. Enter by week the number of workers to whom you furnished employment in New Hampshire. Show current calendar year employment first, followed by employment in all preceding calendar years. Note: A week is seven consecutive calendar days beginning at 12:01 a.m. Sunday and ending at 12.00 midnight on the next succeeding Saturday. (Emp. 101.01)

CALENDAR YEAR						CALENDAR YEAR						CALENDAR YEAR					
	1st	2nd	3rd	4th	5th		1st	2nd	3rd	4th	5th		1st	2nd	3rd	4th	5th
JAN						JAN						JAN					
FEB						FEB						FEB					
MAR						MAR						MAR					
APR						APR						APR					
MAY						MAY						MAY					
JUN						JUN						JUN					
JUL						JUL						JUL					
AUG						AUG						AUG					
SEP						SEP						SEP					
OCT						OCT						OCT					
NOV						NOV						NOV					
DEC						DEC						DEC					

17. In addition to the employment shown under item 16, did you engage any "self employed individuals," "sub-contractors," "consultants," etc.?

If answer is Yes, furnish name, trade and address ( If necessary, use block 21 and / or a separate sheet.)

☐ Yes☐ No**DOMESTIC -HOUSEHOLD EMPLOYMENT SECTION**

18. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services?

☐ Yes☐ No

If Yes, give earliest quarter and year this occurred (will occur). Quarter Year

19. If this report is prepared by other than a sole proprietor, this item must be completed.

I (we) declare under the pains and penalties of perjury that I (we ) prepared this report for the employing unit named herein and that this report, including any accompanying schedules and statements, is to the best of my (our) knowledge and belief, a true, correct, and complete report based on all the information relating to the matters required to be reported in this report of which I (we) have any knowledge

(Name)

(Firm Name)

(Date)

(Signature)

(Address)

(Telephone #)

20. THIS REPORT MUST BE SIGNED BY OWNER, ALL PARTNERS, AUTHORIZED CORPORATION OFFICERS.

It is hereby certified that the information in this report, including any attached sheet, is true and correct to the best of my (out) knowledge and belief and is signed under the pains and penalties of perjury.

Date Signed:

NAME (Type or Print)	SOCIAL SECURITY NO.	RESIDENT ADDRESS	TITLE	SIGNATURE
		_____		
		_____		
		_____		

21. Remarks